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Bib Data Sheet

CONFIRMATION NO. 4521

SERIAL NUMBER 09/940,261	FILING DATE 08/27/2001 RULE	CLASS 074	GROUP ART UNIT 3682	ATTORNEY DOCKET NO. 1014-011US01
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**\*\* CONTINUING DATA****\*\* FOREIGN APPLICATIONS****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
\*\* 10/04/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 33 36	INDEPENDENT CLAIMS 45
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature Initials				

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**TITLE**

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FILING FEE RECEIVED 1024	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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